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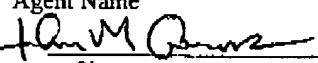
(TUE) 3. 2' 04 12:31/ST. 12:31/NO. 4260454744 P 1

1103326-0503

**RECEIVED**  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE** **CENTRAL FAX CENTER**

Applicant : Nyqvist et al. MAR 02 2004  
Serial No. : 09/077,718  
Filed : June 8, 1998  
For : TARTRATE SALTS OF (R)-3-N,N-DICYCLO-BUTYLAMINO-8-FLUORO-3,4-DIHYDRO-2H-1-BENZOPYRAN-5-CARBOXAMIDE  
Examiner : T. Solola  
Group Art Unit : 1626

**OFFICIAL**

<b>CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. 1.8</b>	
I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on March 2, 2004 at the facsimile number 703-872-9306.	
John M. Genova Agent Name  Signature	32,224 PTO Reg. No. 2 March 2004 Date of Signature

Assistant Commissioner for Patents  
Washington, D.C. 20231

**ATTENTION:** Examiner Taofiq A. Solola  
**FACSIMILE NO:** 703-872-9306  
**DATE:** 2 March 2004  
**PAGES:** 4 (2 pages of transmittal and 2 Forms PTO/SB/82)

**Transmittal of Revocation of Power of Attorney with  
New Power of Attorney and Change of Correspondence Address**

Sir:

Applicants submit herewith a copy of an original Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address signed by the inventor Hakan

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(TUE) 3. 2' 04 12:31/ST. 12:31/NO. 4260454744 P 2

Nyqvist and a copy of a separate original of the same form signed by Daniel D. Sohn for entry in the file wrapper of the referenced application.

Dated: March 2, 2004

Respectfully submitted,

John M Genova

John M. Genova  
Reg. No. 32,224

Attorney for Applicants  
Customer Number 007470  
(212) 819-8200

Agent's Direct Line:  
(212) 819-8832

FROM W&amp;C LLP 19TH FL.

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PTO/SB/02 (09-03)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/077,718
Filing Date	June 8, 1998
First Named Inventor	Nyqvist et al.
Art Unit	1626
Examiner Name	T. Solola
Attorney Docket Number	1103326-0503

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: **007470**

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

**007470**

OR

Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name **Hakan Nyqvist**

Signature **Hakan Nyqvist**

Date **Feb. 26, 2004**

Telephone **+46 8 553 28704**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of **2** forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/077,718
	Filing Date	June 8, 1998
	First Named Inventor	Nyqvist et al.
	Art Unit	1626
	Examiner Name	T. Solola
	Attorney Docket Number	103326-0503

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 007470

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

**OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

**Applicant/Inventor.**

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Daniel D. Sohn		
Signature			
Date	Feb 26, 2004	Telephone	146 8 55024066
NOTE: Signatures of all the inventors or assignees or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.			

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